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September 16, 2011

TO: Each Supervisor

FROM:  Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **USE OF SOLE SOURCE AGREEMENTS TO SUPPORT IMPLEMENTATION OF
POST-RELEASE COMMUNITY SUPERVISION EFFECTIVE OCTOBER 1, 2011
THROUGH JUNE 30, 2014**

On August 30, 2011, the Community Corrections Partnership (CCP) presented to your Board a plan to implement Public Safety Realignment as a result of Assembly Bill (AB) 109. AB 109 transfers to the County responsibility for supervising inmates who are released from prison after serving a sentence for a non-violent, non-serious, and non-sex offense. In Fiscal Year (FY) 2011-12, the State estimates that 9,000 low-level offenders will be released to Los Angeles County under PCS, of which approximately 30 percent are anticipated to require services for Substance Use Disorder (SUD). A significant number of these clients likely will have co-occurring mental health disorders and SUD.

As part of the CCP plan, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) will perform a key role in the Post-release Community Supervision (PCS) plan required under AB 109. In anticipation of PCS, DPH has been working with the Chief Executive Office (CEO), the Probation Department, the Department of Mental Health (DMH), and others to develop a strategy for serving these clients. Based on experience with the criminal justice population and information on the general parole population, DPH anticipates that PCS clients will need a full range of substance abuse assessment and treatment options – including residential treatment, outpatient counseling, and sober living housing.

Assessment, Referral, and Treatment for Persons with Substance Use Disorder

DPH's SAPC is working closely with DMH to pool up to \$4 million of the funds dedicated under AB 109 to establish integrated co-occurring mental health and substance abuse services for adults and transitional aged youth (TAY) who have recently been incarcerated. A portion of these funds will be leveraged under either the Short-Doyle and/or other federal revenue under the 1115 Waiver Demonstration Project (Low Income Health Program).

DPH will contract with community-based treatment organizations to provide the assessment, referral, treatment, and recovery services required under AB 109. A total of \$1.4 million will be allocated to residential treatment, outpatient counseling, and alcohol and drug free living centers, including \$400,000 for the Antelope Valley Rehabilitation Program at Acton to ensure that persons living in and around the Antelope Valley have access to treatment.

Persons identified at the Probation HUB as requiring SUD treatment only will be directed from Probation to a Community Assessment Service Center (CASC) for assessment and referral to treatment as well as other ancillary and community-based services that exist under the current system.

Information Systems

In consideration of the increased number of parolees referred into the DPH SAPC treatment provider network under AB 109, a portion of the funding will be used to support the purchase of the Assessment Severity Index-Multimedia Version (ASI- MV). The ASI-MV is a validated client self-administered clinical assessment tool. Use of it has proven to reduce clinician data gathering times and will provide standardized data across all CASC locations. The clinical assessment will be used to determine the severity of SUD and the level of treatment intensity required, based upon the American Society of Addiction Medicine criteria. The clinician will use the assessment data to provide some pretreatment counseling and to connect the offender with a treatment agency that will provide the needed level of services.

Justification for Use of Sole Source Contracting

DPH-SAPC recommends the award of sole source contracts because timing is critical—SUD programs must be available to those referred under AB 109 beginning October 1, 2011. Persons who have previously been incarcerated will have a unique set of needs, and these contractors are uniquely qualified and experienced to understand those needs and to offer a full range of required ancillary and support services.

DPH-SAPC also recommends awarding a sole source agreement with Inflexxion, Inc. to develop and implement an ASI-MV online. Early identification of the level of acuity and treatment options available, as well as immediate access to services, is critical in assisting PCS clients in successful re-integration into the community and reducing the risk of recidivism. In addition, the ASI-MV will determine the severity of a person's SUD, identify the level of treatment intensity needed, and make appropriate placement based on the American Society of Addiction Medicine placement criteria.

If you have any questions or need additional information, please let me know.

JEF:amh

c: Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel